

City of Lafayette

Lafayette Police Department

20 North 6th Street • Lafayette, Indiana 47901
765-476-4045 • Fax 765-476-4443



Waiver of Liability

For, and in consideration of, the undersigned being given the opportunity of observing police operations and functions of the Lafayette Police Department by riding in a vehicle operated by members of the police department and by any and all other means of observation whatsoever, the undersigned, in order to avail himself of said opportunity, **recognizes and assumes any and all risks** pertaining thereto, and hereby releases the City of Lafayette, its officials and all other personnel of the City of Lafayette, Indiana from any and all liability his heirs, dependents and assigns may sustain in and about any police vehicle or in any other way during the course of observation and studies by the undersigned of the operations and functions of the Lafayette, Indiana Police Department. I further agree to abide by all rules pertaining to participation in this program. I fully understand that I am not allowed to carry any firearm, or other weapon, at anytime while participating in this program. As an observer I understand that I am to remain in the police vehicle at all times unless otherwise directed by an officer of the department.

In Witness Whereof and, intending to be legally bound thereby, the undersigned affixes his hand at Lafayette, Indiana this _____ day of _____ 2004.

PRINTED NAME OF RIDER: _____

SIGNATURE OF RIDER: _____

Note: The signature of a parent or guardian is required for those guests and observers under the age of (18) eighteen years of age.

Parent/Guardian: _____

This request is made pursuant to the Department Policy Statement 99-49.

Rider's Address: _____

Rider's Birth Date: _____ Drivers License Number: _____

Rider's SSN: _____ Home Phone: _____ Work Phone: _____

Rider's Employer: _____

Officer Requesting Rider: _____ Date Requested for Ride: _____

Officer to Whom Rider is Assigned: _____

Check here ___ for clear record. Check here ___ and note any record found on reverse. Initial ____

APPROVED BY: _____